

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	6/26/01
FORMALITY REVIEW	AM	917	08-02-01
RESPONSE FORMALITY REVIEW	HA	858	01/10/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1 1	06/26/01
2 2	✓
3 3	✓
4 4	✓
5 5	✓
6 6	✓
7 7	✓
8 8	✓
11 9	✓
12 10	✓
13 11	✓
14 12	✓
15 13	✓
16 14	✓
17 15	✓
18 16	✓
19 17	✓
20 18	✓
21 19	✓
22 20	✓
23 21	✓
24 22	✓
25 23	✓
26 24	✓
27 25	✓
28 26	✓
29 27	✓
30 28	✓
31 29	✓
32 30	✓
33 31	✓
34 32	✓
35 33	✓
36 34	✓
37 35	✓
38 36	✓
39 37	✓
40 38	✓
41 39	✓
42 40	✓
43 41	✓
44 42	✓
45 43	✓
46 44	✓
47 45	✓
48 46	✓
49 47	✓
50 48	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here